

DELINEATION OF CLINICAL PRIVILEGES - PSYCHIATRY
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. FACILITY
---------------------------------------	---------------	-------------

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform 2 - Modification requested (Justification attached) 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support	1 - Approved as fully competent 2 - Modification required (Justification noted) 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.
Physicians not board eligible in psychiatry with little or no residency training, but with considerable experience in the care of mental disorders and qualified for the general practice of medicine.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.
A psychiatrist who is board eligible in Psychiatry.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.
Psychiatrists who are board certified by the American Board of Psychiatry and Neurology or its equivalent.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II, and III.
Specialized fellowship training beyond board eligibility or board certification in General Psychiatry. Requires extensive subspecialty fellowship training or experience in the areas noted below.

Requested	Approved	
		Category IV clinical privileges

Subspecialties

Requested	Approved		Requested	Approved	
		a. Child Psychiatry			f. Geriatric Psychiatry
		b. Psychoanalysis			g. Consultant-Liaison Psychiatry
		c. Child Psychoanalysis			h. Addictions Medicine
		d. Forensic Psychiatry			i. Psychopharmacology
		e. Administrative Psychiatry			

Privileges Requested

Requested	Approved		Requested	Approved	
		a. Assessment and Diagnosis of Mental Disorders			(2) Psychotherapy
		b. Inpatient Psychiatric Treatment			(a) Family
		c. Alcohol/Substance Abuse Treatment			(b) Group
		(1) Residential Treatment Services			(3) Psychopharmacotherapy
		d. Adult Psychotherapy			f. Somatic Therapy
		(1) Individual			(1) Psychopharmacotherapy
		(2) Marital			(2) Biofeedback Therapy
		(3) Family			(3) Electro-Convulsive Therapy
		(4) Group			(4) Amytal Interview
		e. Child and Adolescent Psychiatry			
		(1) Assessment and Diagnosis			

Privileges Requested (Continued)					
Requested	Approved		Requested	Approved	
		g. Consultation			(3) Child Psychoanalysis
		(1) Command			(4) Geriatric Psychiatry
		(a) Command-directed Behavioral Health Evaluations			(5) Behavior Therapy
		(b) Psychological Autopsies			(6) Gestalt Therapy
		(2) Medical/Surgical Activities			(7) Hypnotherapy
		(3) Community Organizations			(8) Evaluations for Dangerousness: Suicidality/Homicidality/Assaultive Potential
		(4) School			
					i. Research
		h. Specialized Skills			j. Other (Specify)
		(1) Forensic Psychiatry			
		(2) Psychoanalysis			

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
--	-----------------------	-----------------

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications (Specify below) ☐ Disapproval (Specify below) ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)	SIGNATURE	DATE (YYYYMMDD)
---	-----------	-----------------

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications (Specify below) ☐ Disapproval (Specify below) ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON (Name and rank)	SIGNATURE	DATE (YYYYMMDD)
---	-----------	-----------------